

Idaho School for the Deaf and the Blind

Serving the Deaf and the Blind Students of Idaho Since 1906

(208) 934-4457
Fax: (208) 934-8352



1450 Main Street
Gooding Idaho 83330

Paraprofessional Training Registration "Orientation To Visual Impairments" June 12th-23rd, 2006

Name: _____

Date: _____

Address: _____

City/State/Zip : _____

Telephone: _____

Email Address: _____

School District/Agency _____

Position: _____

Will you be staying on campus _____ commuting _____

This class can be taken for 2 credits through CSI.
(College Of Southern Idaho)

Are you interested in taking this class for credit?
No _____ Yes _____ (\$114.00 total)

I currently feel that my braille skill level is:
Beginning _____ Med _____ Advanced _____

Are the student(s) you are working with :
Blind _____ Low Vision _____

How many: _____ Ages: _____

What technology devices will you be working with your students:

CCTV _____ Braille & Speak _____

JAWS _____ Braille Production _____

Short description of how you are or will be involved with the visually impaired:

Please list areas of emphasis that you would like to see covered

:

Please return completed application to:

**Paraprofessional Vision Training
Idaho School for the Deaf and the Blind
1450 Main Street
Gooding, Idaho 83330**

If have any further questions please contact:

Jan Zollinger

**Jan Zollinger
Email- jan.zollinger@isdb.idaho.gov
(208) 934-4457**